

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	/						51							
2		7					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
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45		/					95							
46		/					96							
47		/					97							
48		/					98							
49		/					99							
50		/					100							
TOTAL IND.	15						TOTAL IND.							
TOTAL DEP.		7					TOTAL DEP.							
TOTAL CLAIMS	15	7					TOTAL CLAIMS							